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## BIB DATA SHEET

CONFIRMATION NO. 3896

SERIAL NUMBER	FILING or 371(c) DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.		
10/699,921	11/03/2003 RULE	604	3761	T4342-14521US01		
<b>APPLICANTS</b> Dennis M. Treu, Bedford, NH; <b>** CONTINUING DATA *****</b> This application is a CIP of 09/865,905 05/24/2001 PAT 6,852,090 and claims benefit of 60/423,318 11/01/2002 <b>** FOREIGN APPLICATIONS *****</b> <b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** ** SMALL ENTITY **</b> 02/04/2004						
Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 35 USC 119(a-d) conditions met <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Verified and Acknowledged <u>/PHILIP R WIEST/</u> Examiner's Signature		<input type="checkbox"/> Met after Allowance Initials	<b>STATE OR COUNTRY</b> NH	<b>SHEETS DRAWINGS</b> 3	<b>TOTAL CLAIMS</b> 10	<b>INDEPENDENT CLAIMS</b> 3
<b>ADDRESS</b> MILES & STOCKBRIDGE PC 1751 PINNACLE DRIVE SUITE 500 MCLEAN, VA 22102-3833 UNITED STATES						
<b>TITLE</b> Functional isolation of upgradeable components to reduce risk in medical treatment devices						
<b>FILING FEE RECEIVED</b> 1325	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit			